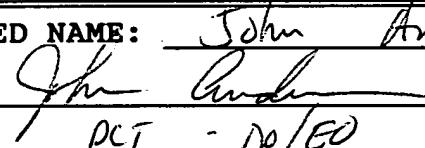


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REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent #	10/518246		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$ 100
<input type="checkbox"/> Amendment				\$
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		7 TOTAL AMOUNT OF REFUND	\$ 100	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check		
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10 REASON:				
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11 REFUND REQUESTED BY:				
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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